Hallucinations in Nonpsychotic Children and Adolescents

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The case histories of ten nonpsychotic patients (nine female and one male) who had experienced hallucinations are summarized. Significant anxiety and depression were found in the majority of the patients, five of whom expressed suicidal ideas. Stress factors were primarily family and school. Eight children had combined auditory and visual hallucinations, which involved dead relatives in five cases. The aims or purposes of the hallucinations were multiple, but escape mechanisms were most common. A profile of the nonpsychotic patient most likely to experience hallucinations would be a socially immature teenage girl who is experiencing depression and anxiety due to stress within the family.

INTRODUCTION

Hallucinations (false sensory impressions without external stimuli) are symptoms generally thought to be associated with psychotic disorders or toxic organic brain syndromes. Egdell and Kolvin (1972) found an 81% incidence of hallucinations in late-onset childhood psychosis, but only one nonpsychotic patient in 40 had hallucinations. Despert (1948) questioned 58 children with neurotic disorders and only four patients reported auditory hallucinations. Wilking

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and Paoli (1966) reported on hallucinatory phenomena in 42 nonpsychotic children from the Central Harlem area and the authors attributed these hallucinations to acute anxiety, deprivation, organicity, and neurotic conflict. In the study of Bender and Lipkowitz (1940), 81 children on a psychiatric ward were interviewed and a 9.9% incidence of auditory hallucinations and a 4.9% incidence of visual hallucinations were found. Other studies which reported hallucinations in nonpsychotic children include those by Corin and Saldinger (1967), Levin (1932), Esman (1962), who wrote about case histories of visual and auditory hallucinations, and Lukianowicz (1969), who described and classified hallucinations in 14 children referred to a child guidance clinic in Ireland.

METHOD

Over a 3½-year period, psychiatric records of children admitted to the Mid-Missouri Mental Health Center In-patient Service and pediatric patients seen in psychiatric consultation were reviewed for any report of hallucinatory experiences. From a total sample of 434 nonpsychotic children, ten patients (nine female and one male) were determined to have had hallucinations. The criteria for determining whether psychosis was present or absent were those set forth in the G.A.P. Diagnostic Classification (1966). Although four patients had some defects in reality testing (e.g., ideas of reference, delusions, tangentiality, misinterpretation of reality), there was no continued impairment in emotional relationships and there were no other criteria for psychosis as discussed in the G.A.P. Diagnostic Classification (1966). None of the ten patients had hallucinations caused by drug toxicity or a brain syndrome. Patients whose hallucinations were not well documented were not included in the sample group. Thus fantasies, magical thinking, and imaginations of younger children were excluded. The psychiatric charts of the ten patients were read in detail and data collection sheets were used to summarize pertinent information such as form and content of hallucinations, aim of hallucinations, and mental status of the child. Some information could not be ascertained because no mention was made in the chart. A brief summary of each patient follows.

CASE STUDIES

Patient 1

A 12-year-old girl experienced increased anxiety after starting junior high school 3 months prior to her admission to the hospital. The lack of structure in